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FACSIMILE COVER SHEET

TO:	Examiner: Gary L. Taxton	
FROM:	Michael K. O'Neill	
RE:	U.S. Application No. 10/632,905 Attorney Docket No. 00862.023174	
FAX NO.:	(703) 872-9306	
DATE:	April 12, 2005	NO. OF PAGES: 10 <small>(including cover page)</small>
TIME:	4:41 p.m.	SENT BY: Gina Marie

MESSAGE

Attached are the following papers for the above identified application:

1. Amendment and
2. Transmittal for Amendment

Certificates of Transmission

I hereby certify that this correspondence is being
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on 4/12/05.

Date

J. Matthew Milano Signature

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CA MAIN 94621v1

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In re Application of:

HIROSHI KONDO, et al.

Application No.: 10/632,905

Filed: August 4, 2003

For: POWER CONVERTER AND ELECTRIC POWER
GENERATOR

Docket No.

00862.023174.

Examiner: Gary L. Laxton

Group Art Unit: 2838

Date: April 12, 2005

Mail Stop A:
THE COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	12	MINUS	20	= 0	x \$25 \$50	\$.00
INDEP. CLAIMS	2	MINUS	3	= 0	x \$100 \$200	\$.00
Fee for Multiple Dependent claims \$180°/\$360						\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

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Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Matthew J. Evans
Registration No.: 56,530

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Form #120

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PAGE 12/12 * RCVD AT 4/12/2005 7:41:21 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/0 * DNIS:8729306 * CSID:714 540 9823 * DURATION (mm:ss):04-02